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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number		Filing Date	
							Applicant(s) Stephen Hart et al			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* Indep	* Depend	* Indep	* Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1	1						51			
2	1						52			
3		2					53			
4		2					54			
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32		1					82			
33	1						83			
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39	1						89			
40	1						90			
41		2					91			
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48							98			
49							99			
50							100			
Total Indep	6						Total Indep			
Total Depend	51	←	←	←			Total Depend	←	←	←
Total Claims	57						Total Claims			

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